

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8389**

Registration District No. **843**

Primary Registration District No. **6085**

Registrar's No.

1. PLACE OF DEATH:

- (a) County **Stone**
(b) City or town **Rural Logan Twnsh.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 1 Galena Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **John L Phelps**

3. (b) If veteran, _____
name war _____

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edna Phelps**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 14 1914**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 3 28 hr. min.

9. Birthplace **Harrison County Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Wm Phelps**

13. Birthplace **Lawrence County Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Clayton**

15. Birthplace **Lawrence County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs James West**

(b) Address **Chesapeake Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 2 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nolan Cemetery.**

18. (a) Signature of funeral director **J. P. King**

(b) Address **Aurora Mo.**

19. (a) **Feb 8 '40** (b) **Nellie Ironby**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Stone**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. # 1 Galena Mo.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **1**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **7th death**
_____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Suicide
Weak stroke

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (a) Means of injury **Car**

23. Signature **George H. Manland** (M.D. or other) **Caranor**
Address **Chester, Mo** Date signed **Feb 2-40**

RECEIVED

District Health Officer No. 6,

District File Number 340-872

Date Filed MAR 14 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.